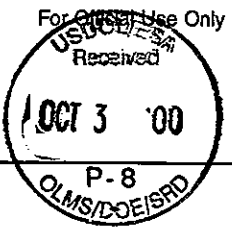
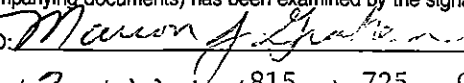
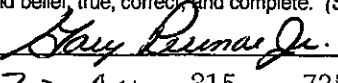


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Office Use Only 		1. FILE NUMBER 0 2 2 - 5 2 9		2. PERIOD COVERED MO DAY YEAR From 0 7 0 1 1 9 9 9 Through 0 6 3 0 2 0 0 0		3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:	
IMPORTANT Peel off the address label from the back of the package and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8.				8. MAILING ADDRESS (Type or print in capital letters.) First Name G a r y Last Name P e r i n a r J r P.O. Box • Building and Room Number (if any) Number and Street 1 4 0 7 E s s i n g t o n R o a d City J o l i e t State ZIP Code + 4 I L 6 0 4 3 5 - 2 8 7 3			
				4. AFFILIATION OR ORGANIZATION NAME United Brotherhood of Carpenters & Joiners of America 5. DESIGNATION (Local, Lodge, etc.) Local 6. DESIGNATION NUMBER 174 7. UNIT NAME (if any) 9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.) Item Number 10 George A. Perinar Memorial Hall Inc. 1407 Essington Road, Joliet, IL 60435-2873. Operates a banquet hall available to the public and is included in this LM-2 report. 11 The President, Business Manager & Financial Secretary serve as Trustees of the Will County Local 174 Carpenters Pension Fund and Health and Welfare Fund. 14 Wermer, Rogers, Doran & Ruzon, 57 N. Ottawa, Joliet, IL 60435							
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)							
76. SIGNED:  9 1 3 0 1 0 0 (815) 725 - 9473 Date Telephone Number		PRESIDENT (If other title, see instructions.)		77. SIGNED:  9 1 3 0 1 0 0 815) 725 - 9473 Date Telephone Number		TREASURER (If other title, see instructions.)	

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1 4 2 7
19. What is the date of your organization's next regular election of officers? MO YEAR
0 6 2 0 0 1
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 1 0 0 0 0 0
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>18min/20max</u> per <u>month</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>125min/345max</u>
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 2 2 _ 5 2 9

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
	25. Cash	1	7 0 5 1 3 3	1 0 4 4 4 3 3
	26. Accounts Receivable			
	27. Loans Receivable			
	28. U.S. Treasury Securities			
	29. Investments	2	5 4 7 8 0 5	7 2 2 2 7 2
	30. Fixed Assets	5	1 4 0 0 3 1 1	1 4 2 0 5 7 3
	31. Other Assets	3	2 6 9 8 0 3	3 8 6 8 1 6
	32. TOTAL ASSETS		2 9 2 3 0 5 2	3 5 7 4 0 9 4
LIABILITIES	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			
	33. Accounts Payable	8	2 0 3 8	2 9 2 4
	34. Loans Payable		5 7 7 2	
	35. Mortgages Payable			
	36. Other Liabilities	4	3 0 0 0 7 2	4 1 7 9 1 1
	37. TOTAL LIABILITIES		3 0 7 8 8 2	4 2 0 8 3 5
38. NET ASSETS (Item 32 less Item 37)		2 6 1 5 1 7 0	3 1 5 3 2 5 9	

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 2 2 — 5 2 9

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			1 4 2 6 7 6 4	56. To Officers	9		2 2 1 4 8 4
40. Per Capita Tax				57. To Employees	10		6 8 8 7 2
41. Fees			4 7 1 8 6	58. Per Capita Tax			1 7 8 2 6 8
42. Fines				59. Fees, Fines, Assessments, etc.			
43. Assessments				60. Office & Administrative Expense	13		1 3 5 0 7 3
44. Work Permits				61. Educational & Publicity Expense ...			1 4 1 6 0
45. Sale of Supplies				62. Professional Fees			3 0 9 5 5
46. Interest			1 9 2 2 2	63. Benefits	11		1 0 6 7 9 4
47. Dividends			4 5 8 4	64. Contributions, Gifts & Grants	12		5 7 6 5
48. Rents			2 2 7 0 0	65. Supplies for Resale			
49. Sale of Investments & Fixed Assets	6			66. Direct Taxes			2 6 9 9 9
50. Loans Obtained	8			67. Withholding Taxes			1 1 3 4 7 1
51. Repayments of Loans Made	1			68. Purchase of Investments & Fixed Assets	7		2 3 7 2 3 7
52. On Behalf of Affiliates for Transmittal to Them			9 7 2 9 9 9	69. Loans Made	1		
53. From Members for Disbursement on Their Behalf				70. Repayment of Loans Obtained	8		5 7 7 1
54. Other Receipts	14		6 2 8 3 9 0	71. To Affiliates of Funds Collected on Their Behalf			9 7 2 9 9 9
				72. On Behalf of Individual Members ...			
				73. Other Disbursements	15		5 4 7 7 2 9
55. TOTAL RECEIPTS			3 1 2 1 8 4 5	74. TOTAL DISBURSEMENTS			2 6 6 5 6 7 7

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 0 2 2 - 5 2 9

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; width: 100%;"> <div> ↑ Item 27 Column (A) </div> <div> ↑ Item 69 </div> <div> ↑ Item 51 </div> <div> ↑ Item 75 with Explanation </div> <div> ↑ Item 27 Column (B) </div> </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	620,223
2. Total Book Value	722,272
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	722,272
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 0 2 2 -5 2 9

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. Deferred Compensation	
2. Agreements Assets	386,816
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	386,816
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. Deferred Compensation	
2. Agreements Liability	386,816
3. Deposits	30,270
4. Payroll Withholding	825
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	417,911
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: —


Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 1407 Essington Rd., Joliet, IL	209,233	[Hatched Box]	209,233	215,000
2. Totals from additional pages (if any)				
3. Buildings (give location): 1407 Essington Rd., Joliet, IL	1,195,370	153,827	1,041,543	1,250,000
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	185,788	40,017	145,771	146,000
6. Office Furniture and Equipment	120,885	96,859	24,026	25,000
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	1,711,276	290,703	1 4 2 0 5 7 3	1,636,000
<div style="text-align: right; margin-right: 50px;">↑</div> Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS






Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
[Hatched Box]		7. Less Reinvestments		
		8. Net Sales		
<div style="text-align: right; margin-right: 50px;">↑</div> Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 2 2 _ 5 2 9

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Equipment	6,254	6,030	6,254
2. Automobiles	130,983	145,771	130,983
3. Investment Fund	100,000	100,000	100,000
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		2 3 7 2 3 7
Enter the Total from Line 8 in  Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Auto Loan	3,056		3,056		0
2. Auto Loan	2,715		2,715		0
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	5 7 7 1		5 7 7 1		0
Enter the Totals from Line 6 in  Item 34 Column (C)  Item 50  Item 70  Item 75 with Explanation  Item 34 Column (D)					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 2 2 - 5 2 9

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*				
1. Perinar Sr Gary <small>Last Name First Name Title Business Mgr Status C</small>	8 5 1 2 6		1 5 0 0 5		1 0 0 1 3 1
2. Perinar Sr Larry <small>Last Name First Name Title Fin Secretary Status C</small>	6 6 7 4 3		1 2 7 9 5		7 9 5 3 8
3. Perinar Jr Gary <small>Last Name First Name Title Treasurer Status C</small>	5 7 2 4 8		6 4 1 5		6 3 6 6 3
4. Graham Marion <small>Last Name First Name Title President Status C</small>	7 4 1 8				7 4 1 8
5. Nippert Michael <small>Last Name First Name Title Recording Sec Status C</small>	8 9 7 4				8 9 7 4
6. Beasley Glen <small>Last Name First Name Title Trustee/Delegate Status C</small>	7 6 5 7				7 6 5 7
7. Mueller Walter <small>Last Name First Name Title Vice President Status C</small>	4 6 6 6				4 6 6 6
8. Totals from additional pages (if any)	17,140		2,952		20,092
9. Totals of Lines 1 through 8	254,972		37,167		292,139
			10. Less Deductions 7 0 6 5 5		
Enter the Total from Line 11 in Item 56 ➞			11. Net Disbursements 2 2 1 4 8 4		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 2 2 - 5 2 9

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
Last Name: S c h e i d t First Name: D e b r a Position: O f f i c e S t a f f Name of Affiliated Organization:	2 2 0 9 2				2 2 0 9 2
Last Name: B a i l e y First Name: S h e r r y Position: A c c o u n t a n t Name of Affiliated Organization:	3 5 1 2 7				3 5 1 2 7
Last Name: W h i t l e y First Name: K a t h l e e Position: O f f i c e A s s t Name of Affiliated Organization:	1 6 2 7 6				1 6 2 7 6
Last Name: First Name: Position: Name of Affiliated Organization:					
Last Name: First Name: Position: Name of Affiliated Organization:					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	11,768		2,521		14,289
8. Totals of Lines 1 through 7	85,263		2,521		87,784
Enter the Total from Line 10 in..... Item 57 ➡			9. Less Deductions 1 8 9 1 2		
			10. Net Disbursements 6 8 8 7 2		

SCHEDULE 11 — BENEFITS

FILE NUMBER: -

Description (A)	To Whom Paid (B)	Amount (C)
1. Health and Welfare	Will County Carpenters Health Fund	15,240
2. Pension	Will County Carpenters Pension	57,929
3. Deferred Compensation	First Midwest Bank	33,625
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		1 0 6 7 9 4
Enter the Total from Line 6		↑ Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Political Contribution	5,365
2. General Contributions	400
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	5 7 6 5
↑ Enter the Total from Line 8 in Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Social Expense	3,300
2. Security	1,679
3. Utilities	30,718
4. Repairs and Maintenance	10,396
5. Supplies	9,497
6. License	1,985
7. Total from additional pages (if any)	77,498
8. Total of Lines 1 through 7	1 3 5 0 7 3
↑ Enter the Total from Line 8 in Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. Catering	227,024
2. Gratuity	30,560
3. Chicago District Council Dues 8/0	99,903
4. Realized Gain Investment	84,004
5. Labor Management	44,721
6. International Promotion	133,780
7. Refund	8,398
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	6 2 8 3 9 0
Enter the Total from Line 17 in Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Interest	11
2. District Council Leased Emp	325,269
3. Labor Mgt Union Corp Coop	44,231
4. Catering	121,786
5. Liquor & Food	9,968
6. Rent	14,724
7. Casual Labor	300
8. Sales Tax	16,811
9. Check Off Dues	2,334
10. MCIAF	7,455
11. Apprentice Fund	472
12. Income Taxes 1120-POL	4,368
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	5 4 7 7 2 9
Enter the Total from Line 17 in Item 73	

ORGANIZATION NAME:
Carpenters Local 174

ENDING DATE OF PERIOD COVERED: 6/30/2000

FILE NUMBER: 0 2 2 - 5 2 9

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name H o r k e y First Name R o b e r t Title W a r d e n Status C		6 4 6 1				6 4 6 1
Last Name P e r i n a r First Name L a r r y Title D e l e g a t e Status C		1 3 4 7		2 9 5 2		1 3 4 7
Last Name G r a h a m First Name D a n i e l Title T r u s t e e Status C		4 6 6 6				4 6 6 6
Last Name S a n t e r e l l i First Name G e r a l d Title C o n d u c t o r Status C		4 6 6 6				4 6 6 6
Last Name First Name Title Status						
Last Name First Name Title Status						
Last Name First Name Title Status						
Last Name First Name Title Status						
Totals		17,140		2,952		20,092

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Totals						

ORGANIZATION NAME:

FILE NUMBER:

ENDING DATE OF PERIOD COVERED:

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

LM2

UNITED BROTHERHOOD OF CARPENTERS AND JOINERS
LOCAL 174
LM-2 - FILE #02529
FOR THE YEAR ENDED JUNE 30, 2000

ASSET RECONCILIATION	LM-2 LINE NO.	INCREASES		DECREASES	
		06/30/1999	RECEIVED	DISBURSED	06/30/2000
CASH ON HAND	125				125
CASH IN BANK	434,243	3,690,080	3,415,577	708,746	
MEMORIAL HALL	28,817	259,253	166,342	121,728	
CERTIFICATE OF DEPOSIT	47,771			47,771	
CERTIFICATE OF DEPOSIT	50,000			50,000	
CERTIFICATE OF DEPOSIT	35,000			35,000	
CERTIFICATE OF DEPOSIT	29,177	1,887		31,064	
CERTIFICATE OF DEPOSIT	50,000			50,000	
CERTIFICATE OF DEPOSIT	30,000	28	30,028.00	(0)	
CASH	25	705,133	3,951,248	3,611,947	1,044,433
TRUST ACCOUNT INVESTMENTS	29	547,805	174,467		722,272
		547,805	174,467	-	722,272
FIXED ASSETS	30	1,400,311	137,238	116,976	1,420,573
OTHER ASSETS	31	269,802	117,014		386,816
ACCOUNTS PAYABLE	33	(2,038)	(2,924)	(2,038)	(2,924)
LOANS PAYABLE	34	(5,771)		(5,771)	-
DEFERRED COMP DEPOSITS		(269,802)	(117,014)		(386,816)
OTHER LIABILITIES	36	(30,270)		825	(31,095)
		(300,072)	(117,014)	825	(417,911)
NET ASSETS	38	2,615,170	4,260,029	3,721,939	3,153,259
RECEIPTS/DISBURSEMENTS TRANSFERS	55-74		3,121,845	2,665,577	
investment increase			1,001,027	1,001,027	
INVESTMENT MARKET ADJ			100,000	-	
check off dues			(44,150)	(55,283)	
rent paid memorial hall			(55,283)	(55,283)	
dues withheld			4,700	4,700	
void old checks			(2,520)	(2,520)	
LOAN REPAYMENTS			96	96	
FIXED ASSET TRANSACTIONS			-	(5,771)	
ACCOUNTS PAYABLE			137,238	116,976	
payroll wh's			(2,924)	(2,038)	
			-	(825)	
			4,260,029	3,721,939	

UNITED BROTHERHOOD OF CARPENTERS
AND JOINERS OF AMERICA
LOCAL 174
JOLIET, IL 60435

SCHEDULE SUPPORTING FORM KLM-2 LABOR ORGANIZATION ANNUAL REPORT

PAGE 4 - SCHEDULE OF OFFICE AND ADMINISTRATIVE EXPENSE

LINE 7 - ADDITIONAL EXPENSES

OFFICE SUPPLIES	48,019
INSURANCE	6,156
BANK CHARGES	18,638
OUTINGS	3,924
DUES AND SUBSCRIPTIONS	665
PENALTIES	96
	<u>77,498</u>

PAGE 12 - SCHEDULE OF OTHER DISBURSEMENTS

DISTRICT COUNCIL - LEASED EMPLOYEES

SALARIES	228,337
PAYROLL TAXES	18,974
INTERNATIONAL PENSION	29,684
FRINGE BENEFITS	<u>48,274</u>
	<u>325,269</u>

LM2

UNITED BROTHERHOOD OF CARPENTERS
AND JOINERS OF AMERICA
LOCAL 174
JOLIET, IL 60435

EXPLANATION OF ADJUSTMENTS

RECLASS

REMOVE APPRENTICE DUES COMPLETED FROM CHECKOFF DUES
AND AFFILIATES DUE COLLECTED FROM CHECKOFF DUES

RECLASS THE WITHHOLDINGS FROM THE OFFICERS AND OFFICE PERSONNEL
TO PAYROLL TAX CLASSIFICATION

REVERSE

TO REMOVE THE ACTIVITY OF MEMORIAL HALL FROM UNION ACTIVITY AS
THE ACTUAL MEMORIAL HALL ACTIVITY WILL BE REFLECTED SEPARATELY.

CASH BASIS ADJUSTMENT

TO REMOVE ACTIVITY RELATED TO THE INVESTMENTS RE: TRUST ACCOUNT AND
INTEREST EARNED ADDED TO EXISTING CERTIFICATE OF DEPOSIT, IF APPLICABLE.

REMOVE DEPRECIATION EXPENSE LM-2 IS A CASH STATEMENT

MEMORIAL HALL

RECORD ACTIVITY RELATED TO MEMORIAL HALL FOR THE FISCAL YEAR.

CASH BASIS ADJUSTMENT FOR MEMORIAL HALL

TO REMOVE FROM MEMORIAL HALL THE ACCRUAL BASIS ENTRIES AT YEAR END.

ELIMINATION = MEMORIAL HALL

ELIMINATE BALANCE OF DUE TO (FROM) MEMORIAL HALL

ADJUSTMENT

REMOVE THE MARKET VALUE INCREASE ON TRUST ACCOUNT AS THE INCOME
IS REPORTED ON CASH TRANSACTION BASIS

ALSO RECORD AMOUNT OF SALES TAX ACCRUAL DIFFERENTIAL AT 6-30.

DISTRICT COUNCIL - LEASED EMPLOYEES

ON JANUARY 1, 2000, THE OFFICERS OF LOCAL 174 BECAME EMPLOYEES
OF CHICAGO AND NORTHEAST ILLINOIS DISTRICT COUNCIL OF CARPENTERS.
A SCHEDULE IS ATTACHED DETAILING THE FUNDS EXPENDED FOR THIS
PURPOSE.

CASH

THE CERTIFICATES OF DEPOSITS FOR YEAR ENDED 6-30-99 WERE COMBINED
WITH THE CASH BALANCE TO CONFORM WITH THE INSTRUCTIONS FOR 2000.

EXPLN ADJUSTMENTS 00

